U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official List Only	
1 / 1000 17	
(JUL 18295)	
_ \a_ /	
E CLAS DROA	

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name JOYCE DARNELL	Name NURSES ASN, AMERICAN, IND	
	Labor Organization File Number 064-824	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 2915 N. HIGH SCHOOL ROAD	Street 2915 N. HIGH SCHOOL ROAD	
City INDIANAPOLIS	City Indianapols	
State Indiana ZIP Code + 4 46224-4723	State Indiana ZIP Code + 4 46224-4723	
5. Position in labor organization. PRESIDENT		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
(except as specified in the exclusion A. Held an interest in, engaged in transactions (including loans) with, or	sions set forth in the instructions): derived income or other economic benefit of	
(except as specified in the exclusion A. Held an interest in, engaged in transactions (including loans) with, or	sions set forth in the instructions): derived income or other economic benefit of	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent.	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. REIMBURSEMENT OF ANA AND CEO WORKSHOP TRAVEL	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any). Name NURSES ASN, AMERICAN, IND	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. REIMBURSEMENT OF ANA AND CEO WORKSHOP TRAVEL	
A. Heid an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name NURSES ASN, AMERICAN, IND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2915 N. HIGH SCHOOL ROAD	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. REIMBURSEMENT OF ANA AND CEO WORKSHOP TRAVEL EXPENSES.	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name NURSES ASN, AMERICAN, IND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2915 N. HIGH SCHOOL ROAD	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. REIMBURSEMENT OF ANA AND CEO WORKSHOP TRAVEL EXPENSES.	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name NURSES ASN, AMERICAN, IND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2915 N. HIGH SCHOOL ROAD City INDIANAPOLIS	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. REIMBURSEMENT OF ANA AND CEO WORKSHOP TRAVEL EXPENSES.	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Telephone Number

Name of Person Filing JOYCE DARNELL	File Number 0- 3248	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name		
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street	C. Empoyer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	